



# Lynnwood High School Mini Cheer Camp Fall 2017

## Hosted by the Lynnwood High School Royals Cheer Squad

**When:** Sunday October 8<sup>th</sup>, 2017, 10 a.m. – 1 p.m. **Where:** Lynnwood High School Gym

**Why:** Learn cheers, dances and have fun! **Ages:** K-8<sup>th</sup> grade **Cost:** \$35.00 per mini cheerleader or 2 for \$60.00 (must be relatives)

**(Deadline for registration w/ t-shirt is September 29<sup>th</sup> - day of is \$35 at door without t-shirt)**

Participation in the cheer camp will include t-shirt (with pre-registration), pom poms, and joining the Royals Cheer Squad for a half-time performance at the Breast Cancer Awareness Royals football game on October 13<sup>th</sup>, 2017 at 7 p.m. vs. Meadowdale (call time for performers is 6:15 p.m.)  
(Game starts at 7 pm and parents/family will still need to pay entrance fee).

\*Pink bows **(+\$5)** will also be available for purchase via pre order and during the camp while supplies last.

To participate, simply fill out this form, the Assumption of Risk release, and payment and **return to Lynnwood High School, C/O Cheer - Amber Torres, 18218 North Road, Bothell, WA 98012**. You may mail in form and payment, but it must be received by September 29<sup>th</sup> to insure your shirt or, you can pay directly via cash, card, or check, at the LHS ASB office. **All checks must be payable to Edmonds School District**. A confirmation email will be sent to all those who have registered by October 1<sup>st</sup>.

If you have any questions please contact:

Coach Amber Torres @ 425-599-0234 or [lynnwoodroyalscheer@gmail.com](mailto:lynnwoodroyalscheer@gmail.com)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Email (For game updates & link to photos/videos) \_\_\_\_\_

Cheerleader Referral (Optional): \_\_\_\_\_

Shirt Size: YXS, YS, YM, YL, AS, AM, AL (Circle one)

Optional Pink Bow (+\$5): Yes No (Circle One)

**\*\*Please bring water bottle (with child's name on it) and a snack \*\***

## Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the Fall 2017 Lynnwood Mini Cheer Camp, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of cheerleading entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being.

\_\_\_\_\_  
(Parent initial)

2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

\_\_\_\_\_  
(Parent initial)

### Medical Information

The following special health concerns should be noted: \_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child**. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: \_\_\_\_\_

Plan Number (required): \_\_\_\_\_

***All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.***

Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give permission for

\_\_\_\_\_ who attends \_\_\_\_\_ to  
(Student) (School)

participate in the Lynnwood Mini Cheer Camp, October 8<sup>th</sup>, 2017 and the game on October 13<sup>th</sup>, 2017 for the purpose of practicing fundamental cheer skills in order to enhance skill and performance level, and have fun!

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

